STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155703	A. BUILDING 00 B. WING	09/10/2012

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F0000	This visit was for a recertification and state licensure survey. Survey Dates: September 4,5,6,7,10,2012 Facility Number: 003240 Provider Number: 155703 AIM Number: N/A Survey Team: Martha Saull, RN TC Dorothy Watts, RN Carole McDaniel, RN 9/4, 9/5, 9/6, 9/7/12 Vicki Ellis, RN 9/6, 9/7/12 Census Bed Type: SNF: 24 Residential: 37 Total: 61 Census Payor Type: Medicare: 11 Other: 50 Total: 61 Residential Sample: 7 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2	F0000	This plan of correction is to serve as Brookside Village's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Brookside Village or their management companies that the allegations contained in the survey report are a true and accuate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. The facility respectfully requests desk review for compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on interview and record review, the facility failed to ensure resident weights were monitored according to the resident's plan of care and facility policy and procedure for 1 of 2 residents reviewed for significant weight loss of 2 who met the criteria for significant weight loss. Resident #7 Findings include: On 9/6/12 at 10 A.M., the clinical record of Resident #7 was reviewed. Diagnoses included, but were not limited to, the following: pneumonia, difficulty in walking, shortness of breath, hypothyroidism, hypertension, congestive heart failure, septicemia, history of urinary tract infection, muscle weakness and depressive disorder. A current "Vitals Report" was provided by the DON (Director of Nursing) on 9/6/12 at 3:55 P.M. This report indicated the resident had been admitted to the facility on 7/27/12.	F0282	F282 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN I. Resident #7 was placed on daily weights for closer monitoring and her weight is stable. Any required re-weights will be completed within 72 hours to verify accuracy. II. All residents with significant weight loss or requiring a re-weight to verify accuracy of the weight have been identified. These residents have been re- weighed per facility policy to verify accuracy of the weight within 72 hours and the re-weigh is documented in the medical record. III. The systemic change includes: *Weights will be reviewed at the weekly IDT (interdisciplinary team) meeting to identify any resident with a significant weight change and a re-weigh will occur within 72 hours unless already obtained and documented at the time of the IDT meeting. *Any resident identified to have a significant weight loss will have a nursing order entered into the eMAR computerized system that will alert the nurse for a re-weigh the next day and continue to alert until the weight is entered into the electronic chart. The Director of	10/10/2012

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	The following weights were documented on this report: 7/27/12, 3 P.M.(Admission weight) = 150 lbs.; 7/28/12, 2:38 P.M. = 150 lbs; 7/30/12, 3:52 P.M. = 149.8 lbs; 8/4/12, 2:28 P.M. = 148.2 lbs; 8/12/12, 9:11 P.M. = 134 lbs (note with this entry as follows: "Acceptable Range: 5 percent change in weight in 30 days"); 8/18/12, 8 A.M. = 135 lbs; 8/25/12, 10:31 A.M. = 134 lbs; 9/1/12 2:28 P.M. = 135 lbs. At this time, the DON was also interviewed. She indicated the resident had an IBW (ideal body weight) range documented by the dietician on 8/3/12 of 112 lb - 138 lbs. She indicated the resident was started on Boost (high calorie dietary supplement) on 7/30/12 twice a day (BID). The DON indicated the Boost was changed to daily, per the resident's request on 8/31/12. The DON indicated on 9/5/12, the facility added Magic cup (high calorie supplement) to the resident. The DON indicated the clinical record did not indicate any edema, but the resident's weight was a post hospitalization issue. On 9/6/12 at 3:55 P.M., the DON provided a copy of an IDT		Nursing or designee will monitor for a timely re-weigh daily (Monday through Friday). Education will be provided to nursing staff regarding the systemic change. IV. The Director of Nursing or designee will review all newly obtained weights weekly for significant weight loss and to confirm a re-weigh has been obtained within 72 hours per facility policy. This audit will continue for 12 months of monitoring. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be increased if needed. V. Date of completion: October 10, 2012	

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	(interdisciplinary team) note dated 8/20/12 which indicated the following: "ongoing risk evaluation, 'check all that apply: pain, psychoactive, weight, other;'... root cause: chronic respiratory failure, CAD (coronary artery disease), a fib (atrial fibrillation) and COPD (chronic obstructive pulmonary disease);... interventions: Weights...Boost bid for supplement...care plan update, not required;...Additional comments:...CDM (certified dietary manager) to speak with resident regarding weight loss..." A policy and procedure for "Nutritional and Weight Monitoring" was dated 1/04 and received from the Administrator on 9/7/12 at 8:45 A.M. The policy included, but was not limited to, the following: "...weights are collected and reviewed monthly (or...weekly for 4 weeks if the resident is a new admission) and recorded on the resident's weight record...significant weight loss is defined as: 5% in 1 month; 7.5% in 3 months and 10% in 6 months...when there is a significant weight loss from the previous weight, a re-weight will be obtained within 72 hours to verify the accuracy of that weight..." On 9/7/12 at 9:25 A.M., the DON and			

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	Administrator were interviewed. The DON stated after the resident's weight of 134 lbs on 8/12/12 (with the prior weight being 148.2 lbs. on 8/4/12), the resident was reweighed on 8/18/12, 6 days later. The DON indicated the resident's weight loss from 8/4/12 - 8/12/12 did meet the significant weight loss guidelines. On 9/7/12 at 9:50 A.M. the Administrator provided a copy of the "Resident progress notes", dated 9/5/12. These indicated the following: "Spoke with resident in regard to weight loss. She states that her normal weight is 135 - 140 lbs and when her weight was in above that she had edema. Ask resident if she would be willing to try a magic cup to aid against weight loss and she agreed to have one at lunch. She stated the food was good she just didn't eat much d/t (due to) no appetite." This form also indicated the following: "current status: 135 (pounds) [sic] was 134 (pounds) [sic], sig (significant) wt (weight) loss 8.9% in 28 days..." On 9/7/12 at 10:30 A.M., the DON provided a copy of the care plan, with a date of 8/3/12, which addressed the problem of "poor food consumption,			

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	prone to weight loss. 8-27-12 significant weight loss noted 10.7% in past 29 days." Interventions included, but were not limited to, the following: "monitor weight..." At this time, the DON also provided a copy of the Nutritional Assessment. This form had an initial date of 7/30/12 and indicated the following: initial assessment; height 65 inches; weight 150 lbs; usual body weight range: 112 - 138; loss of 5% or more in the past month or loss of 10% or more in the last 6 months "no or unknown"; the registered dietician summary indicated for nutritional goals: will have weight stable at 150#+/- 3#; monitoring and evaluation: weights. At this time also, the DON was interviewed. The DON indicated regarding the weight loss: "I wouldn't say it was planned but it was beneficial due to her cardiac status." The DON was referring to the 14 lb weight loss from 8/4/12 - 8/12/12. On 9/10/12 at 8:27 A.M., the DON was interviewed. She indicated the entry on the Vitals report for 8/12/12 of "Acceptable range: 5 percent change in weight in 30 days" meant the following: this was an alert range that was programmed into the facility computer system. She indicated this comment was computer generated as			

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	the resident's weight for the entry of 8/12/12 was detected by the computer system to be outside of the acceptable range and was over a 5% weight change in a 30 day period. On 9/10/12 at 10:30 A.M., the Administrator and DON were interviewed. They indicated the resident was weighed on 8/12/12, which was a Sunday and the IDT met on the following day. The DON indicated she felt the resident was reweighed after the documented 14 lb weight loss on 8/12/12 but the reweight was lost. On 9/10/12 at 10:50 A.M., the DON provided a copy of the facility IDT notes, dated 8/13/12. They indicated the following: "last week was 148 [sic] weight today was 134, will reweigh in a.m. d/t weight discrepancy..." 3.1-35(g)(2)			

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F0425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. Based on observation, record review and interview, the facility failed to ensure 3 of 3 randomly observed discharged residents' medications were returned for credit or disposed of. (Resident #61, #62, and an unidentified resident) Findings include: An observation on 9/7/12 at 11:20 a.m. was made of the medication storage room. During this observation, medications for discharged residents were found laying on the counter. The	F0425	F425 483.60(a), (b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH I. The identified medications for residents #1 and #62 have been disposed of per facility policy. II. All residents that have discharged from the facility over the last 60 days have been identified and their medications have been returned for credit or disposed of per facility policy. In addition, a complete audit of the medication room has been completed and no medications requiring destruction or return to pharmacy have been found. III. The systemic change includes that the facility discharge	10/10/2012

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	medications found were as follows: Ondansetron (an anti nausea medication) 4 mg a bottle of pills with the name of discharged Resident #61. Zymaxid (eye drops used to treat bacterial infections of the eye) drops with the name of discharged Resident #62. Refresh (eye drops used to add moisture to eyes) two bottles with the name of discharged Resident #62. Refresh eye drops with no resident identification on it. Tobermycin (eyedrops used to treat bacterial eye infections) drops 1 vial with no resident identification on it. Restasis (eye drops used to increase tear production for dry eye disease) drops 1 bottle with no resident identification on it. In an interview with the medical records person on 9/7/12 at 11:30 a.m., she indicated Resident #61 had a discharge date of 8/24/12, and Resident #62 had a discharge date of 8/16/12.		checklist will be updated to include that all medications for residents have been disposed of per facility policy. In addition, the medication disposition sheet will be brought to the daily stand up clinical meeting (Monday through Friday) for resident(s) discharged over the last 48 hours to confirm that medications are disposed of or returned to the pharmacy for credit. IV. The Director of Nursing or designee will complete a quality improvement audit tool to review timely medication destruction or returning medication to pharmacy for credit after discharge per facility policy. These audits will be completed for every discharged resident for 30 days, then one resident per week (when applicable) thereafter for a total of 12 months of monitoring. V. Date of completion: October 10, 2012	

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	In an interview with the Unit Manager on 9/7/12 at 11:40 a.m., she confirmed the Ondansetron pills were the medication of discharged Resident #61. In the same interview she indicated Zymaxid drops and 2 bottles of Refresh had belonged to discharged Resident #62, and 1 bottle of Refresh, 1 vial of Tobermycin, and 1 bottle of Restasis had no resident identifier label. A document titled Medication Administration: General Policies & Procedures with no date, provided by the Unit Manager on 9/7/12 at 1:35 p.m., indicated "Discontinued drugs or those that remain in the facility after resident's discharge or death (that are not house supplied or returned for credit) are to be destroyed by the facility." 3.1-25(j)			